

**Application Data Sheet****Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	METHOD AND SYSTEM FOR NON- INVASIVE MEASUREMENTS IN A HUMAN BODY
Attorney Docket Number::	KOTLER3
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	4
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
<b>Applicant Information</b>	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israelil
Status::	Full Capacity

Given Name::	Ilya
Middle Name::	
Family Name::	FINE
Name Suffix::	
City of Residence::	Rehovot
State or Province of Residence::	
Country of Residence::	Israel
Street of Mailing Address::	59/6 Herzl Street
City of Mailing Address::	Rehovot
State or Province of Mailing Address::	
Country of Mailing Address::	Israel
Postal or Zip Code of Mailing Address::	76540
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israeli
Status::	Full Capacity
Given Name::	Alexander
Middle Name::	
Family Name::	FINAROV
Name Suffix::	
City of Residence::	Rehovot
State or Province of Residence::	
Country of Residence::	Israel
Street of Mailing Address::	1/10 Kovshey Ha-Hermon
City of Mailing Address::	Rehovot
State or Province of Mailing Address::	
Country of Mailing Address::	Israel
Postal or Zip Code of Mailing Address::	76555
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israeli
Status::	Full Capacity
Given Name::	Iosef
Middle Name::	
Family Name::	GANDELMAN

Name Suffix::  
 City of Residence:: Ashdod  
 State or Province of Residence::  
 Country of Residence:: Israel  
 Street of Mailing Address:: 22/22 Hatzmaut Street  
 City of Mailing Address:: Ashdod  
 State or Province of Mailing Address::  
 Country of Mailing Address:: Israel  
 Postal or Zip Code of Mailing Address:: 77452  
 Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: Israeli  
 Status:: Full Capacity  
 Given Name:: Boris

Middle Name::  
 Family Name:: FIKHTE  
 Name Suffix::  
 City of Residence:: Rehovot  
 State or Province of Residence::  
 Country of Residence:: Israel  
 Street of Mailing Address:: 17/6 Miller Avia  
 City of Mailing Address:: Rehovot  
 State or Province of Mailing Address::  
 Country of Mailing Address:: Israel  
 Postal or Zip Code of Mailing Address:: 76284

**Correspondence Information**

Correspondence Customer Number:: 001444

**Representative Information**

Representative Customer Number:: 001444

**Domestic Priority Information**

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application	National Stage of	PCT/IL04/001015	11-04-04
PCT/IL04/001015	Continuation-in-Part of	10/702,044	11-06-03

**Foreign Priority Information**

Country::                      Application Number::      Filing Date::      Priority Claimed::

**Assignment Information**

Assignee Name::                      Orense Ltd.  
Street of Mailing Address::              5 Golda Meir St. 5<sup>th</sup> Floor Science Park  
City of Mailing Address::              Ness Ziona  
State or Province of Mailing Address::  
Country of Mailing Address::              Israel  
Postal or Zip Code of Mailing Address::      74000